

Joseph Papin

vs.

University of Mississippi Medical

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Deposition of:

William Crews

November 20, 2020

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Vol 1

PHIPPS REPORTING

*Raising the Bar!*

William Crews  
November 20, 2020

1                   IN THE UNITED STATES DISTRICT COURT  
2                   FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
3                   JACKSON DIVISION

4           JOSEPH PAPIN

PLAINTIFF

5           V.

CASE NO. 3:17-CV-763-CWR-FKB

6  
7           UNIVERSITY OF MISSISSIPPI  
8           MEDICAL CENTER; DR.  
9           LOUANN WOODWARD, IN HER  
10           OFFICIAL CAPACITY; AND  
11           DR. T. MARK EARL, IN HIS  
12           INDIVIDUAL CAPACITY

DEFENDANTS

13  
14                   DEPOSITION OF WILLIAM CREWS

15           Taken at the instance of the Plaintiff at Via ZOOM  
16                                   on Friday,  
17                                   November 20, 2020,  
18                                   beginning at 10:00 a.m.  
19  
20  
21  
22  
23

24                   REPORTED BY:

25                   DAWN DILLARD, CCR #1763

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2

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counsel)	

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1 COURT REPORTER: Before I swear in the  
2 witness I will ask counsel to stipulate on  
3 the record that due to the current national  
4 emergency pandemic, the court reporter may  
5 swear in the deponent even though she is not  
6 in the physical presence of the deponent, and  
7 that there is no objection to that at this  
8 time, nor will there be an objection to it at  
9 a future date.

10 MR. SCHMITZ: Yes, ma'am.

11 MR. WHITFIELD: Yes.

12 WILLIAM CREWS,  
13 having been first duly sworn, was examined and  
14 testified as follows:

15 EXAMINATION BY MR. SCHMITZ:

16 Q. All right. Dr. Crews, just to get some  
17 preliminary housekeeping matters out of the way,  
18 can you state your full legal name including  
19 middle name for the record please?

20 A. William Spence Crews.

21 Q. And have you ever had your deposition  
22 taken before?

23 A. No, sir.

24 Q. No. Okay.

25 A. Well --

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1 MR. WHITFIELD: I think to clarify your  
2 question for him, I think he's wondering  
3 about the hearing.

4 Q. (By Mr. Schmitz) Oh, yeah, no. Just --  
5 we'll talk about the hearing later. But, no, just  
6 have you ever been deposed in anything else before?

7 A. (Witness shakes head side to side.)

8 Q. Okay. So I'll go over just some of the  
9 basic ground rules for a deposition. So  
10 throughout the day, you know, the court reporter  
11 is going to be typing down everything we say so  
12 it's important that we do yes or no answers to  
13 questions, you know, shaking your head yes or  
14 nodding -- nodding yes or shaking no can't be  
15 picked up by the court reporter. Uh-uhs and  
16 nuh-huhs and all the uh-huhs or whatever, those  
17 also can't be picked up so if you could try to  
18 keep that in mind while you're answering the  
19 question so that she can take an accurate record.

20 If at any time you don't understand a  
21 question that I'm asking can you -- please don't  
22 hesitate to ask to rephrase it and I will do so.  
23 If you need a break at any time let me know. I  
24 just ask that if you ask -- if I'm in the middle  
25 of asking you a question that we finish that

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1 question and then you can take whatever breaks you  
2 want, bathroom, whatever.

3 If you answer a question -- if you  
4 provide an answer to a question I'm going to  
5 assume that you've understood it but, again, just  
6 let me know if there's something that's unclear.

7 What is your date of birth?

8 A. March 19, 1990.

9 Q. I was born March 19. Late Pisces.  
10 That's -- I've never met somebody on March 19.

11 Anyway, what's your current address?

12 A. 1020 Buckley Drive, Jackson,  
13 Mississippi.

14 Q. So other than the testimony that you  
15 provided at the hearing have you ever testified at  
16 a trial or in any kind of court case or anything  
17 like that?

18 A. No, sir.

19 Q. Have you ever been convicted of any  
20 crimes of any type?

21 A. No, sir.

22 Q. Are you currently under the influence of  
23 any drugs of any kind or do you have any medical  
24 conditions which may prevent you from accurately  
25 and truthfully answering my questions today?

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1 A. No, sir.

2 Q. Okay. I just have to ask that just  
3 for --

4 A. Yeah.

5 Q. What is your highest level of education?

6 A. Currently a PGY3 in internal medicine  
7 residency.

8 Q. Okay. And where did you go to med  
9 school?

10 A. University of Mississippi Medical  
11 Center.

12 Q. And you said -- so you're a PGY3?

13 A. Yes, sir.

14 Q. How much more time do you have left?

15 A. A little over half a year. I guess  
16 about eight months or nine months.

17 Q. So you --

18 A. Excuse me, I'm sorry, seven months.  
19 Seven months.

20 Q. So you have to complete four years of  
21 residency in the internal medicine field?

22 A. So I completed PGY1, PGY2, so I'm  
23 currently in PGY3. So it's three full years of  
24 internal medicine training. I guess I'm two and  
25 half years into my internal medicine training.



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1 Q. And you're doing that at UMMC, correct?

2 A. Yes, sir.

3 Q. What did you do in preparation for  
4 today's deposition?

5 A. Met with Tommy Whittaker less -- a week  
6 and a half ago.

7 Q. Okay. And I don't want to know what you  
8 guys talked about, I just, you know, okay, so you  
9 met with him. Did you review any documents?

10 A. The transcript of the hearing.

11 Q. Any other e-mails or documents or  
12 correspondence at all that you --

13 A. The e-mail from when I was a medical  
14 student.

15 Q. Okay. I think I know what e-mail you're  
16 talking about because that's probably the same one  
17 we're going to be discussing and others.

18 An other document?

19 A. That's it.

20 Q. Have you reviewed any of the expert  
21 reports which have been prepared in this case?

22 A. I don't understand what that is, but  
23 I'm --

24 Q. From the, you know, there's expert  
25 witnesses in this case who have provided opinions

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1 on whether Dr. Papin's termination was justified  
2 or not, and so I just didn't --

3 A. No, sir.

4 Q. -- know if Tommy shared any of those  
5 with you.

6 A. Besides meeting with Mr. Whittaker --  
7 MR. WHITFIELD: Whitfield.

8 THE WITNESS: Sorry, Whitfield,  
9 apologies. No, I have not done anything  
10 else.

11 Q. (By Mr. Schmitz) Okay. How long have you  
12 been with UMMC? Three years now?

13 A. So as a resident?

14 Q. Yes.

15 A. Three years or two and a -- two years  
16 and six months, five or six months.

17 Q. What are your job duties as a resident?

18 A. Clinical management patients, education  
19 and medical students, clinic and call, as well as  
20 continuing medical education.

21 Q. Got you. And -- back when you were a  
22 medical student as a medical student, what were  
23 your interactions with the residents on a day to  
24 day basis?

25 A. Typically every day getting at the

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1 hospital very early, having a list of patients  
2 prepared for staff residents, rounding, going to  
3 the OR. Any type of work needed to be done after  
4 rounds or work outside the OR, continue remaining  
5 in the work room besides times when we were  
6 excused for class for tests.

7 Q. And would you walk around with the  
8 residents during rounds, is that what you said?  
9 So that would you walk around with the residents  
10 and I'm assuming the attending physicians are also  
11 there to --

12 A. Walking around -- so prerounds with just  
13 the residents and then four more rounds with the  
14 attending.

15 Q. Okay.

16 A. And the residents.

17 Q. Okay. And so during prerounds you  
18 always walk around with the residents or do you --

19 A. Not every day.

20 Q. -- sometimes --

21 A. I can't attest to always but most of the  
22 days we did.

23 Q. Okay. But sometimes -- so some days  
24 you're on your own, some days you're with the  
25 resident?

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1           A.   Typically prerounds was most of the time  
2   with residents.

3           Q.   And do you recall Dr. Papin, Joseph  
4   Papin?

5           A.   Yes.

6           Q.   Okay. And about how often did you work  
7   with him?

8           A.   I believe I worked with him at the  
9   beginning of my surgery rotation and then on a  
10   holiday schedule.

11          Q.   Okay. And about how, like, if you had  
12   to approximate weeks, I'm not going to hold you to  
13   an exact time, I know it was a while ago, but how  
14   many weeks or so would you say that you had, you  
15   know, crossed paths with Dr. Papin?

16          A.   Maybe around two and half.

17          Q.   So about two, two and a half weeks?  
18   Okay. So when did you first hear about Dr. Papin?

19          A.   Probably about two to three weeks into  
20   my -- beginning of my M3 year.

21          Q.   And that was -- the beginning of your  
22   three year was when?

23          A.   At that end of June beginning of July,  
24   so couple of days at the end of June and then  
25   July.

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1 Q. June, July 2016?

2 A. Yes, sir.

3 Q. Yes, that was right.

4 A. Sorry, five years ago.

5 Q. Yes, I can't remember what I ate for  
6 breakfast yesterday, so you're good. Now, you're  
7 doing great, thank you.

8 So before you started working with him  
9 you had heard some stuff about him, tell me about  
10 that?

11 A. I was told things like be careful, watch  
12 your back, he might ask you to do something like  
13 use his user name and password to put in orders,  
14 or you might get blamed for some kind of mistake  
15 he made.

16 Q. And who had told you that? Another  
17 medical student at the time?

18 A. Other medical students.

19 Q. Do you recall who they were? Names?

20 A. I can't remember.

21 Q. Okay. Did you ever have any problems  
22 like that with Dr. Papin?

23 A. I never was asked to put in orders or  
24 use his user name to put in orders. There was one  
25 instance where I felt like he blamed me for

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1 something he wasn't sure of, that kind of  
2 frustrated me.

3 Q. What was that instance?

4 A. It was a trauma. We were told, you  
5 know, medical students typically go see the  
6 trauma, first two people there with the patients  
7 to get patient stickers, this includes their  
8 information, and blankets. There was another  
9 trauma that came in, Joe told me to go to the next  
10 room, I went of there. The attending showed up  
11 later started asking about the first patient. Joe  
12 wasn't quite sure and said -- looked at me and  
13 said, Will, what happened with that patient. And  
14 I just felt like I was already told to not be --  
15 like worry about him, and so I felt like I was  
16 being blamed for not knowing what was going on.

17 Q. And so when you say that you had already  
18 told -- who told you not to worry about the  
19 patient?

20 A. Joe.

21 Q. Oh, okay. So he just said kind of don't  
22 worry about it and then the attending walked in  
23 and asked what's going on?

24 A. Yes, he said go to the next trauma which  
25 I did.

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1 Q. Okay.

2 A. And then the attending showed up later  
3 after the two traumas had already come in asking  
4 for reports, asking about the first patient which  
5 I really wasn't sure of and Joe looked at me like  
6 I should know about it.

7 Q. So, in your opinion, in that situation,  
8 he may have thrown you under the bus a little bit?

9 A. To me it felt like it.

10 Q. Okay. Did you get in trouble with the  
11 attending or anything like that?

12 A. He gave me certain look and as medical  
13 students, you know, they don't pay much attention  
14 to us but we only have so much time to make an  
15 impression.

16 Q. Did that attending physician ever give  
17 you like a poor review or anything because of that  
18 or was it just kind of something that happened in  
19 passing?

20 A. It's kind of something that happened in  
21 passing.

22 Q. Okay. Any other interactions like that  
23 where it was problematic? Were you interactions  
24 with generally with Joe positive?

25 A. My interactions with Joe were generally

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1 normal working relationship.

2 Q. Okay. So you're a PGY3 resident now,  
3 correct?

4 A. Yes, sir.

5 Q. So when you arrived at UMMC, when you  
6 first arrived, what shift -- and your shift  
7 starts, what do you first do when your shift  
8 starts s?

9 A. When my shift starts or --

10 Q. Yes, you're incoming and there's people,  
11 you know, it's my -- there's a sign in/sign out  
12 process that goes on?

13 A. For me typically get there before my  
14 shift starts and review what's going on with the  
15 patients myself before I get sign outs. And then  
16 the resident comes to the workroom that I  
17 typically -- that we all have our own workroom  
18 designations to get sign outs later that morning.

19 Q. So I'm assuming there's another PGY3 or  
20 2 resident that when you come in in the morning,  
21 they've been working the night shift and you're  
22 relieving that person from their duties and they  
23 kind of tell you, hey, you meet with that person  
24 for a moment and they tell you, hey, this is  
25 what's going on with the patients or somebody



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1 needs specific kind of care or watch out for this  
2 or whatever; is that --

3 A. Yes, sir.

4 Q. Okay. Can you describe that process of  
5 what goes on when you're relieving another --

6 A. So the resident typically comes to the  
7 workroom, comes in reviews the patients, onboard  
8 us, and any new patients admitted overnight, any  
9 acute events and who might need to be seen sooner  
10 than later.

11 Q. Are the med students typically part of  
12 this sign out/sign in process?

13 A. Yes, sir.

14 Q. Okay. As a resident now, do you ever  
15 check in with the medical students when you're  
16 doing your prerounds before your shift starts?

17 A. Every single day.

18 Q. Okay. When you were on the general  
19 surgery residency program with Dr. Papin was it  
20 typical that the residents would always -- were  
21 you typically working with residents on that  
22 rotation or was it you're kind of --

23 A. Yes, sir.

24 Q. -- on a little bit?

25 A. Besides times when we were in class or

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1 were told by an attending to do something else, we  
2 typically were with the interns and residents the  
3 entire time.

4 Q. Did you preround with Dr. Papin ever?

5 A. A few times.

6 Q. Okay. Because there was only like a two  
7 and a half week time period where you could get --  
8 potentially interacted with him, correct?

9 A. Yes, sir.

10 Q. So in that universe of two and a half  
11 weeks, about how many times would say you  
12 prerounded with Dr. Papin, ballpark?

13 A. I don't know that I necessarily -- we  
14 had formal prerounds in surgery because there were  
15 a lot of patients, but I honestly don't remember.

16 Q. When you say you're not sure if they had  
17 formal prerounds on surgery what does that mean?

18 A. Because there would be 30 to 60 patients  
19 on the list so we didn't preround on every single  
20 personal but medical students had certain people  
21 that were following -- that certain residents were  
22 following and we would discuss those patients.

23 Q. So are you -- you're -- it's kind of  
24 because there so many patients and --

25 A. So it --

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1           Q.    -- at the time, it was sort of a divide  
2   and concur kind of thing where --

3           A.    Yes, sir.

4           Q.    -- you guys just -- so would you guys  
5   just kind of need coverage so everybody could be  
6   seen by at least --

7           A.    So there were certain medical -- so  
8   medical students only saw so many patients while  
9   the residents had more of a patient load, so we  
10   would preround on the patients we were asked to  
11   follow.

12          Q.    Okay. So you were doing some  
13   prerounding by yourself just because they needed  
14   coverage during that time?

15          A.    Right, and it's for our own clinical  
16   experience.

17          Q.    Okay. And so Joe would have been off on  
18   his own presumably doing his prerounds by himself  
19   because it was just so busy during that time  
20   period, correct?

21          A.    Sometimes.

22          Q.    Okay. There was other residents on that  
23   general surgery other than Dr. Papin that you  
24   would go do prerounds and rounds with, correct?

25          A.    Yes, sir.

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1           Q.    Would you say you did more prerounds and  
2 rounds with those other residents than -- as  
3 opposed to Dr. Papin? Did you have like a  
4 certain --

5           A.    For me it seemed to be an even split,  
6 close to an even split.

7           Q.    Okay.

8           A.    Some days with one resident, some days  
9 with Joe.

10          Q.    Was Joe helpful in ever teaching you  
11 things or showing you things?

12          A.    I think so at times.

13          Q.    Okay.

14          A.    Whether it was a procedure or something.

15          Q.    Sure. Now, because you've been at  
16 UMMC -- so I'm assuming that this has happened  
17 but, you know, what were -- at the end of your  
18 shift, right, as a resident, if another resident  
19 is tardy or doesn't show -- if another resident  
20 is -- I said tardy, or is late to come in to  
21 relieve you, what happens typically at that -- do  
22 you just have to sit around and wait for them to  
23 show up?

24          A.    Yes, sir.

25          Q.    Where would you do that -- if you were

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1 on the general surgery, you know, where would you  
2 do --

3 A. I'm not sure if the general surgery, but  
4 within internal medicine, my designated work room.

5 Q. Okay. And is there like a certain  
6 procedure that, hey, it's like been 30 minutes, I  
7 was supposed to get relieved at 5:00 a.m.? Do you  
8 reach out to somebody at that point to let them  
9 know that I'm still waiting here to be relieved, I  
10 don't know where so and so is?

11 A. I think you just keep trying to obtain  
12 contact with the person you're supposed to sign  
13 out with.

14 Q. Okay.

15 A. I guess if there's absolutely -- if  
16 you're -- you would contact the chief resident at  
17 that point if it was just to a certain extent.

18 Q. Okay. So you would be trying to  
19 personally contact the person on their cell phones  
20 or page them or something?

21 A. Yes, sir.

22 Q. Do the residents -- do you take home the  
23 pagers with you?

24 A. Internal medicine we do.

25 Q. Okay. On the general surgery do you

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1 remember if they took home the pagers or not?

2 A. Did not.

3 Q. Did you have every -- all the other  
4 residents -- is there like a list in the room  
5 somewhere where you can find everybody's cell  
6 phone, like everyone's contact information just in  
7 case you need to get hold of somebody quickly?

8 A. Are you asking for surgery residents?

9 Q. Yes.

10 A. I don't know.

11 Q. Well, not -- just when, you know, did  
12 you notice that when you were on the surgery  
13 rotation whether there is a quick -- like, for  
14 instance, if you needed to get in touch with  
15 Dr. Papin and he wasn't working at that time, what  
16 would you have done?

17 A. As a student I would have tried to page  
18 him.

19 Q. Okay. And then if paging doesn't work  
20 was there a mean -- I'm assuming you could just go  
21 into the computer and find his cell phone number  
22 somewhere?

23 A. No, you would probably just call the  
24 upper level resident at the point if I couldn't  
25 find him.

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1 Q. The chief resident?

2 A. Chief resident I believe, that or just  
3 upper level on that specific rotation.

4 Q. Are you aware of any instances or do you  
5 recall any instances where Joe had to be paged or  
6 called by somebody because he was not showing up  
7 on time for his prerounds or rounds?

8 A. I don't know.

9 Q. When you say you don't -- is that you  
10 don't recall or you didn't witness that ever  
11 taking place?

12 A. I basically never witnessed it an  
13 actual -- I don't know. I don't know.

14 Q. Okay.

15 A. If that was ever a case or not.

16 Q. Do you recall any other residents ever  
17 stating that Joe didn't show up until late for a  
18 sign in/sign out?

19 A. Yes.

20 Q. When was that?

21 A. Over the holidays.

22 Q. Over the holidays. Which resident had  
23 told you that Joe was late coming to do sign in  
24 and sign out?

25 A. Dr. Griffin.

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1           Q.    Dr. Griffin, okay. Was it just like one  
2   time or?

3           A.    I don't remember.

4           Q.    What time would -- as a resident would  
5   Dr. Papin had -- what time approximately was he  
6   supposed to be there each morning?

7           A.    To my understanding as a medical  
8   student, residents had to be there by -- surgery  
9   residents would typically -- it was -- I don't  
10   know whether it was an official rule or not but it  
11   was just spoken that need to be present by 6:00  
12   a.m.

13          Q.    Okay.

14          A.    However, it was sort of more of my  
15   experience with other residents after Joe and  
16   before Joe where they would get there about 5:00  
17   a.m.

18          Q.    Okay. And when you say that the  
19   incident where Dr. Griffin -- what did Dr. Griffin  
20   tell you during the incident with Dr. Papin?

21          A.    I don't exactly remember. I just  
22   remember we were supposed to start rounds and I  
23   overheard, I can't remember who it was spoken with  
24   or whether it was to me or not, something about  
25   Joe being late and we weren't ready for rounds.



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1 Q. Okay. And that happened during the  
2 holiday rotation that you're talking about?

3 A. Yes, sir.

4 Q. Okay. And do you know how late he was,  
5 was it 15 minutes, 20 minutes?

6 A. I don't remember.

7 Q. Okay. Did he show up at a later time?  
8 Do you recall that?

9 A. I don't remember.

10 Q. Okay. So on that day that you're  
11 speaking of did -- do you know if he ever showed  
12 up at all?

13 A. He was on rounds with us.

14 Q. Okay. So he showed up. So was there a  
15 delay in starting the rounds because of him  
16 potentially being a little late?

17 A. I don't remember.

18 Q. Do you recall about how long that -- if  
19 there was a delay about how long it would have  
20 been?

21 A. Do not recall.

22 Q. Are we talking like -- generally  
23 speaking, are we talking like an hour that he was  
24 late or are we talking, like, hey, yeah, okay, you  
25 got to go preround on four patients, it's going to

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1 take like 10 minutes? Just trying to get a  
2 sense -- a general sense of the situation.

3 A. Yes, I honestly do not recall.

4 Q. When you applied to be an internal  
5 medicine resident at UMMC who wrote your  
6 recommendations for you?

7 A. Dr. Mike McMullen, Dr. Perry, and then I  
8 can't remember her last name, she's one of the  
9 medicine directors.

10 Q. Okay.

11 A. For the preliminary year program.

12 Q. Who would evaluate you when you were a  
13 medical student?

14 A. Everybody from the intern to the  
15 attending, to the upper level -- to the -- I think  
16 every resident and an intern had an -- whoever we  
17 worked with had an opportunity to evaluate us.

18 Q. Would you have been evaluated by Dr.  
19 Earl when you were on the surgery rotation?

20 A. I did not rotate with Dr. Earl.

21 Q. But he was the program director for the  
22 general surgery program?

23 A. He was, but the student -- the medical  
24 student director of the surgery program is Dr.  
25 Lauren Vick.

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1 Q. Okay.

2 A. She oversees all the medical students.

3 Q. Understood. Other than the one incident  
4 that you described where you recall someone  
5 mentioning that Dr. Papin had not shown up yet so  
6 they weren't ready to round, were there any  
7 instances other than that one time that you can  
8 recall?

9 A. I don't recall. Are you asking about  
10 being late?

11 Q. Yes.

12 A. Regards to other people discussing him  
13 being late? Is that what you're asking?

14 Q. Sure.

15 A. No.

16 Q. I'm going to send over an exhibit to you  
17 and it's an e-mail that I think you reviewed so  
18 we'll go through that really quickly?

19 A. Can you say that again? I'm sorry.

20 Q. No, you're fine, I'm going to over an  
21 exhibit. Tommy will help you out. I'm going  
22 to --

23 MR. WHITFIELD: Are you sending it or  
24 share screening it.

25 MR. SCHMITZ: No, I'm going to do the

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1 chat thing.

2 MR. WHITFIELD: I printed out a copy for  
3 him. We've got it here.

4 MR. SCHMITZ: Sure. I'm just going to  
5 do it so the court reporter has got it. So  
6 this will be Exhibit 1.

7 (Exhibit 1 marked for identification.)

8 Q. (By Mr. Schmitz) Give you a second. You  
9 let me know -- take a look at it and let me know  
10 when you're ready to discuss.

11 A. Yes, sir.

12 Q. So just to make sure we're looking at  
13 the same thing. This is a January 3, 2017, e-mail  
14 sent by you to Ms. Renee Green. Who is Renee  
15 Green?

16 A. I'm not quite sure. I think she has  
17 something to do with the surgery department, but  
18 my understand was that this would be the person to  
19 send to just for an evaluation type concern.

20 Q. Okay. And do you recall where you were  
21 whenever you sent this e-mail? Would you have  
22 been at work this time?

23 A. What time was it sent? 1:59? I'm  
24 honestly not sure but I think we might have had  
25 Christmas break at that time.

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1           Q.    Okay.  So you would not have been in the  
2   hospital?

3           A.    I don't think so.

4           Q.    Okay.  So it says at the beginning of  
5   the e-mail, I've spoken with Dr. Mahoney about a  
6   recent experience.  When did you speak to  
7   Dr. Mahoney about a recent experience?

8           A.    I think it was right at the end of  
9   the -- right before Christmas time.  They split  
10   Dr. Mahoney -- I think she at that time was maybe  
11   the fifth year resident and they -- they typically  
12   do a debriefing with all the medical students they  
13   work with and kind of just discuss each rotation,  
14   each resident and intern they work with.

15          Q.    So you would have reported these  
16   concerns to Dr. Mahoney at some point before  
17   Christmas?

18          A.    Can you rephrase the question?

19          Q.    So you would have reported these  
20   concerns about your experiences with Dr. Papin at  
21   some point before Christmas?

22          A.    Yes, sir.

23          Q.    Okay.  And now I'm assuming that was  
24   just verbally you had said that you had had some  
25   issues or did Dr. Mahoney ask you if you had had

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1     **any issues?**

2           A.     She asked about working with each intern  
3     and each resident and what each service was like  
4     with -- and each attending.

5           **Q.     Okay.**

6           A.     And she asked about -- when we got to  
7     Dr. Papin I just said what I saw and at the  
8     beginning of the third year medical student year  
9     we were always encouraged that if we saw behavior  
10    we weren't sure about to talk to it -- about it at  
11    the debriefing.

12          **Q.     And did she ask you any specific**  
13    **questions to lead into these complaints or**  
14    **anything like that or you were ready to provide**  
15    **her with complaints about Dr. Papin and his**  
16    **behavior.**

17          A.     She asked the same sort of questions  
18    about each intern and resident and attending. And  
19    then she -- she got to the point where she asked,  
20    you know, was there anything you were concerned  
21    with with Joe. And I said what I said.

22          **Q.     Okay. Did she ask about do you have any**  
23    **concerns of -- did she just go down the list of**  
24    **everybody? Did you have any concerns of this**  
25    **person, this person, this person?**

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1           A.    Yes, sir.

2           Q.    So she asked that question of everybody?

3           A.    Yes, sir.

4           Q.    And when did this -- so at some point  
5 before Christmas and then where would this  
6 conversation have taken place?

7           A.    I believe it was at the -- when we  
8 were -- she took us for lunch. We were right  
9 before about to go -- it's like a day or so before  
10 the -- or might -- I don't exactly remember, but  
11 it was pretty much the last end days of our eight  
12 week long surgery rotation.

13          Q.    So she takes all the med students one by  
14 one out to lunch?

15          A.    No. Like it was at the hospital. Just  
16 whichever -- it's kind of like she happened to  
17 work with us a lot throughout the eight weeks, and  
18 so she was just asking about the students that she  
19 worked with during that time. She just asked  
20 about their experience.

21          Q.    Okay. And you said there was some type  
22 of debriefing process that --

23          A.    Right, that's what I'm talking about,  
24 debriefing meaning just sort of discussing the  
25 rotation itself.

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1           Q.    Does that happen at the end of all your  
2    rotations or most rotations?

3           A.    Most rotations, yes, sir.

4           Q.    So eventually sometime before Christmas  
5    you have a conversation with Dr. Mahoney about  
6    Dr. Papin and then you send this e-mail on  
7    January 3. Did Dr. Mahoney tell you to put it in  
8    writing and send it over to Renee Green?

9           A.    She initially did, but I was hesitant to  
10   and then I waited and then I did it out of  
11   conviction a couple of days later.

12          Q.    Got it. Got it. You said you  
13   hesitated, what was the hesitation? Just not  
14   wanting to get involved?

15          A.    You know, you never want to cause  
16   trouble as a medical student.

17          Q.    That's fair enough.

18          A.    And I never want to tattle on anybody.

19          Q.    Right, right.

20          A.    But felt like I was doing the right  
21   thing.

22          Q.    She encouraged you that you needed to  
23   report though, specifically about Dr. Papin?

24          A.    She said if, you know, that's something  
25   you might want to report. I can't remember her



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1 exact words, but she didn't by any means coerce me  
2 into it.

3 Q. Sorry, excuse me.

4 So in your e-mail you start off by  
5 saying you had spoken with Dr. Mahoney about a  
6 recent experience with -- had with Dr. Joe Papin.  
7 You said I was told it would be confidential in  
8 reporting my concerns. It wasn't that  
9 confidential because you're here, right. You  
10 started off saying -- you said, I will start off  
11 by saying that I have had a -- I have not -- never  
12 had a problem with any of the residents during my  
13 entire surgery rotation. Never really had a bad  
14 evaluation with anyone and I understand that  
15 different personalities can collide but patients  
16 are still treated -- what do you mean by different  
17 personalities can collide? Was there some type of  
18 tension?

19 A. There's always time when people don't  
20 necessarily get along but -- or they don't  
21 understand each other's personalities, their sense  
22 of humor, but that doesn't necessarily affect  
23 what, you know.

24 Q. Did you sense that there was some  
25 tension between Dr. Mahoney and Dr. Papin? Or

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1 Dr. Papin with any of the other residents?

2 A. I can't remember specifically, no.

3 Q. Okay.

4 A. But I think that there might have been  
5 some disagreements between Dr. Mahoney and  
6 Dr. Papin perhaps.

7 Q. Okay. You can't recall what those were?

8 A. No, sir.

9 Q. As a medical student you wouldn't really  
10 be privy to that kind of stuff?

11 A. Tried to stay out of it as a medical  
12 student.

13 Q. You go on to say, I only worked with Joe  
14 on one rotation and we never had any real  
15 confrontation, but I saw things that alarmed me.  
16 He seemed to always show up late for rounds  
17 without actually seeing any of his patients. And  
18 I understand that happens but he would lie to  
19 residents about things being done.

20 So him showing up right before rounds,  
21 about how many times would you say that that may  
22 have occurred or that --

23 A. So going back and looking at this, for  
24 me to say always, I don't know that that's  
25 correct. I would probably change it to sometimes.

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1 Q. Okay.

2 A. Because I can't say something always  
3 happened because I, you know, but I was with him  
4 beginning of the -- my rotation and then on the  
5 holidays and I would say half and half.

6 Q. And so is it possible that Dr. Papin --  
7 I'm just talking is a possible -- for Dr. Papin to  
8 have shown up, been doing his prerounds without  
9 you guys crossing paths because you were doing  
10 your own thing and he was doing his own thing?

11 A. Certainly anything is possible, but from  
12 my experience with other interns that just was  
13 never the case.

14 Q. Okay. And is it -- and, again, you  
15 stated before that because that service was very  
16 busy at that time that there was -- there was --  
17 there wasn't as much shadowing going on; is that  
18 correct?

19 A. Yes, sir, probably.

20 Q. Because it was the holidays -- it was  
21 the holiday schedule, correct, so everybody was  
22 sort of thin, it was thin scheduling? Would it --  
23 you're just shaking your head yes, sorry.

24 A. I'm sorry, I'm thinking. I'm nodding  
25 with -- I'm listening.

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1 Q. Oh, yes, yes, yes.

2 A. I'm honestly not sure.

3 Q. Would you say during the holiday time  
4 you guys were a little understaffed as opposed to,  
5 you know, based on maybe patient acuity?

6 A. Probably.

7 Q. Okay. And so when that type of thing  
8 takes place, again, you guys have to just sort of  
9 put the fires out and a little maybe, maybe you're  
10 doing a little bit more independent work than  
11 maybe what would normally take place?

12 A. As a medical student I did not  
13 understand that that would be the case, I always  
14 assumed things worked like normal -- normal  
15 patient care. In my experience on internal  
16 medicine as a resident now, to look back on that,  
17 I still feel like -- and I can't speak because I'm  
18 not a surgeon, but still felt like we had the  
19 appropriate staffing for those things, so I'm not  
20 sure if it's an under -- an unsecured amount of  
21 staff to take care of patients.

22 Q. Okay. But you did -- you mentioned  
23 before there was like 30 or 60 patients or  
24 something that --

25 A. Yes, sir.

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1           Q.    And how many medical students and  
2 residents would be responsible for prerounding on  
3 those 30 to 60 patients?

4           A.    Two medical students, two interns, two  
5 upper level residents, and then an attending.

6           Q.    So one attending, two residents. And  
7 the attending and the residents are the only ones  
8 who can actually do anything, correct, like  
9 medically do anything? As a medical student  
10 you're not allowed to do anything unless you're --

11          A.    I'm not allowed to make major medical  
12 decisions, no.

13          Q.    Okay. Correct.

14          A.    As a medical student.

15          Q.    So there would have been Dr. Papin,  
16 another resident, and an attending, and they had  
17 to make all the medical decisions for that group  
18 of 60 people, correct?

19          A.    Including the other intern and the other  
20 resident.

21          Q.    Okay. Yeah, right, right. So, yes,  
22 okay. And when you were doing -- were the  
23 patients all located in one centralized area, were  
24 they on different floors? Were there --

25          A.    Different floors.

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1 Q. The third floor, okay. And were there  
2 any patients located anywhere else?

3 A. I don't remember.

4 Q. Do the patients -- is it the entire  
5 third floor?

6 A. It ranged between second floor to fifth  
7 floor.

8 Q. No, no. I mean, where general surgery  
9 where the patients you would be seeing and having  
10 to do prerounds on, that would be all on the third  
11 floor?

12 A. It ranged from -- it could be on the  
13 second floor, the third floor, or the fourth  
14 floor, or any floor in the hospital.

15 Q. So is it possible that when you believed  
16 that Dr. Papin had not shown up to do his  
17 prerounds is it possible that Dr. Papin could have  
18 been on an entirely different floor from you and  
19 there's no way you would have even bumped paths  
20 with him?

21 A. It's possible.

22 Q. How typical is it for residents to  
23 sometimes be a little late? It happens, you sleep  
24 in, because you get up really early, right?

25 A. Yes, sir. In my experience, very, very

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1     few times because it's very serious.

2           Q.     Sure. It does happen though from time  
3     to time because we're all human beings, correct,  
4     though?

5           A.     Probably.

6           Q.     Have you ever been late to a shift?

7           A.     Once, my second year of residency.

8           Q.     Do you recall any of the patients  
9     that -- because you said he would lie to the  
10    residents about things he had done or patients  
11    that he had seen. Do you recall any of the  
12    patients that he had stated that he had seen but  
13    you believed he had not seen?

14          A.     At first I didn't know he hadn't seen  
15    them, but when I was asked to follow-up with a few  
16    different patients and I would say Dr. Papin  
17    discussed this with you this morning, they would  
18    say I haven't seen Dr. Papin. I didn't think  
19    anything at first when it was the first patient,  
20    but after it happened a third time that's when I  
21    got concerned.

22          Q.     And why would you think that Dr. Papin  
23    had saw that patient that day? Was there like a  
24    notation on --

25          A.     Because when we rounded on the full

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1 rounds he would report on them.

2 Q. You stated before sometimes that you  
3 can't preround on everybody when it's really busy,  
4 right?

5 A. So in terms of prerounding altogether?  
6 I might have misunderstood the question  
7 previously, no. But my understanding is prerounds  
8 every patient should be seen prior to rounds.  
9 That was my understanding at the time as a medical  
10 student.

11 Q. Okay. And is that in reality what  
12 happens every day?

13 A. Under my internal medicine service,  
14 absolutely.

15 Q. What about when you were doing general  
16 surgery, everybody was always prerounded on 100  
17 percent of the time?

18 A. That's what my upper level resident told  
19 me.

20 Q. Okay.

21 A. That's what was expected of us.

22 Q. Sure.

23 A. Or expected of them, at least that's  
24 what my understanding was.

25 Q. On the -- during the holiday rotation



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1 would that happen every single day even though it  
2 was a little thing?

3 A. So can you rephrase the question?

4 Q. When you were on the holiday rotation  
5 with Dr. Papin during the holiday season, did that  
6 happen everybody was always prerounded on every  
7 single time even though it was busy and it  
8 wasn't --

9 A. I don't know.

10 Q. When you would talk to the patients, the  
11 patients that you mentioned, the two or three  
12 patients that you mentioned, who you said  
13 Dr. Papin saw you this morning and they said no,  
14 where there's no -- had Dr. Papin made notations  
15 on their chart that he had actually seen them?

16 A. I'm not sure. I just know he would  
17 discuss them on rounds and then when I was asked  
18 to go see them to help, whether it was take off a  
19 bandage or something and try to bring up what was  
20 previously discussed about them, the patient would  
21 be -- say, I haven't seen anybody this morning.

22 Q. Did you specifically ask them if they  
23 had seen Dr. Papin?

24 A. No. My general way of trying to connect  
25 with the patient always as a student, which we

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1 were encouraged to do was always bring up what you  
2 previously discussed, and that kind of -- because  
3 patients often get confused or something. And  
4 that's why I'd always say, you know, Dr. Papin  
5 discussed this with you this morning, early this.  
6 And they would say they haven't seen that person.

7 Q. Okay. Are there records or logs kept on  
8 who was seeing who which day?

9 A. I'm not sure. I mean, there's -- we  
10 type notes every day.

11 Q. And typically when someone is -- I'm  
12 assuming on the general surgery rounds you're  
13 seeing patients that are just recovering from  
14 surgery most of the time, correct?

15 A. Sometimes. Sometimes it's a surgery  
16 patient that has a post-op infection or something.

17 Q. Right. Okay. Would it be common for  
18 those patients especially the post-op surgery,  
19 they would be on pain killers, medicines of the  
20 sorts?

21 A. Probably.

22 Q. Sedated?

23 A. If they were sedated they were in the  
24 ICU and we never -- medical students never saw ICU  
25 patients.

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1           Q.    Okay. But a lot of times they would be  
2   on some type of -- when someone is recovering from  
3   surgery, typically in the general surgery unit  
4   they are on some type of -- either -- whether it  
5   be Morphine or pain -- some other type of pain  
6   killer; is that correct?

7           A.    I'm not quite sure, just some -- maybe  
8   one patient might have been on pain meds, someone  
9   else might have been on antibiotics.

10          Q.    Sure, sure. Right. Do you know whether  
11   some of the patients who had reported to you that  
12   they had not seen anybody yet, were there -- do  
13   you recall one way or the other whether they had  
14   been under the influence of any narcotics or pain  
15   medications?

16          A.    I don't know. I don't recall.

17          Q.    What are the side effects typically of  
18   the drugs that are given to people who are  
19   recovering from surgery to alleviate pain? Would,  
20   you know, drowsiness be one of the side effects  
21   for those medications?

22          A.    I'm not sure because I'm internal  
23   medicine -- as a student I felt like I could talk  
24   to my patients okay, but as a physician now I'm  
25   not sure I can qualify to comment on post-op

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1 surgical patients experiences because I don't see  
2 them enough.

3 Q. Right, but what I'm getting at is that  
4 potentially these people -- a lot of these people  
5 that you would see during the general surgery,  
6 they were under the influence of narcotics or were  
7 being given narcotics at that time, correct?

8 A. I don't know about narcotics. Maybe --

9 Q. Narcotics, pain killers, muscle  
10 relaxers, those kind of things, correct?

11 A. Some of them may have been on them.

12 Q. Okay. And based on your experience as a  
13 doctor, I'm not just -- I'm just saying in  
14 general, but based on your experience as a -- I'm  
15 not asking you to do a medical opinion, but  
16 someone who is under the influence of pain  
17 killers, narcotics, or muscle relaxers, are they  
18 typically kind of out of it a little bit, drowsy?

19 A. Sometimes.

20 Q. When you're doing prerounds with  
21 people -- what does a preround consist of? Do you  
22 just -- if a patient is sleeping do you even wake  
23 them up?

24 A. We were -- as a medical student I was  
25 always instructed to because you have to know if

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1 they can wake up, if they're alert.

2 Q. Okay. And prerounds, is that -- so  
3 basically a preround would consist of what? You  
4 go in the room, you talk to them for a moment, see  
5 how they're feeling?

6 A. Vitals.

7 Q. Take their vitals and then get out?

8 A. You look through their most recent  
9 vitals, you wake them up, ask them about their  
10 orientation, if they're alert and oriented. You  
11 do a physical exam and ask about, you know,  
12 problems pertaining to their admission.

13 Q. Okay.

14 A. And how they're doing.

15 Q. How often are their vitals taken by the  
16 nurses?

17 A. Typically every four hours.

18 Q. So the patients that said that they had  
19 not seen anybody that wouldn't actually be true  
20 because every four hours their vitals are getting  
21 taken by somebody, right?

22 A. They would say I haven't seen Dr. Papin.

23 Q. Okay.

24 A. And I don't know that this was every  
25 patient but some of them that was the case.

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1           Q.    Okay. The next sentence in Exhibit 1  
2   that we're looking at you said, if there were  
3   moments when he was caught doing the wrong thing  
4   he would blame the medical student for his own  
5   error. That only happened with you the one time  
6   that you previously mentioned before, correct,  
7   that one incident?

8           A.    Yeah, if I could change my phrasing, I  
9   didn't want to say it happened to me because I  
10   didn't want to tell them so I tried to phrase it  
11   in a more generic way.

12          Q.    Okay. And personally with you, you just  
13   only had that one kind of --

14          A.    Yes, sir.

15          Q.    -- where he looked at you and said, hey,  
16   what's up with the patient, but, you know, you  
17   though he had been watching that patient, correct?

18          A.    Yes, sir.

19          Q.    Okay. And there were other instances s  
20   where other people told you about specific  
21   instances that you recall?

22          A.    Yes, but I can't remember specifics what  
23   the other students told me.

24          Q.    Okay. Just generally. About how many  
25   other students told you that he had thrown, you

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1 know, blamed them for something or thrown them  
2 under the bus?

3 A. So typically -- I can't remember exactly  
4 how many students are on a rotation and how many  
5 are allocated to each service, but it could have  
6 been anywhere from four to six other students  
7 because that was the surgery group itself that had  
8 just rotated that was finishing surgery.

9 Q. And are you aware of whether any of  
10 these other students ever made complaints to  
11 either Dr. Mahoney or anybody else regarding  
12 Dr. Papin?

13 A. No, sir.

14 Q. If a resident doesn't show up for the  
15 sign in/sign out kind of process, wouldn't the  
16 other resident who was waiting to be relieved be  
17 jumping up and down telling everybody that where  
18 is this guy and all that kind of stuff? Wouldn't  
19 that be sort of an event that would take place?

20 A. Maybe, you know, as a medical student I  
21 just tried to keep my head down and not make  
22 anybody mad.

23 Q. And to the best of your recollection you  
24 had only heard at least whether it was -- I wasn't  
25 sure -- you said you heard another resident

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1 mention that, you know, we're not ready to do  
2 rounds yet because Joe is not here yet. Was that  
3 another resident who said that?

4 A. Yes, sir.

5 Q. Was that the resident who was waiting to  
6 be relieved?

7 A. I don't think it could have been because  
8 Dr. Griffin was on that day and it would be the  
9 person behind him, so.

10 Q. Okay. So other than that one instance  
11 that was the only time that you had heard at least  
12 another resident mention that Joe had not shown up  
13 yet, we're not, you know, it's delaying our  
14 ability to do rounds, correct?

15 A. Yes, sir.

16 Q. Are you guys hearing background  
17 information? The people next door are being a  
18 little loud.

19 A. No, sir.

20 MR. WHITFIELD: No.

21 Q. (By Mr. Schmitz) Okay. Good.

22 During your third year as a medical  
23 student about what time would you get to the  
24 hospital?

25 A. 3:30.



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1           Q.    3:30. And about what time would  
2 Dr. Papin as a resident, PGY1 resident have to get  
3 to the hospital?

4           A.    It varied. Sometimes I saw him at 5:00  
5 in the morning, sometimes I didn't see him until  
6 7:00 a.m.

7           Q.    During your transition from being a  
8 medical student to a PGY1 resident was that a  
9 difficult transition?

10          A.    The first month was.

11          Q.    Okay. And how so?

12          A.    Just taking on the responsibility.

13          Q.    The additional responsibilities of  
14 having to make medical decisions?

15          A.    Keeping up with people.

16          Q.    Okay.

17               MR. SCHMITZ: I'm going to take a really  
18 quick bathroom break and then I'll be right  
19 back.

20               (A brief recess was taken.)

21          Q.    (By Mr. Schmitz) Going back to Exhibit 1,  
22 Dr. Crews. You stated in the end of the e-mail --  
23 and one other thing I want to go back.

24               So on January 3 when you had sent this  
25 e-mail you had not spoken with Dr. Mahoney at all or

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1 nobody had contacted you from UMMC at all to prompt  
2 you to send this e-mail at the time when you sent  
3 it?

4 A. No, sir. I just was praying about it a  
5 lot before I did it.

6 Q. Okay. And was -- but she had asked you  
7 at least a couple of days before to the best of  
8 your recollection to send something over to Renee  
9 Green just to --

10 MR. WHITFIELD: Object to the form, you  
11 can answer.

12 Q. (By Mr. Schmitz) You can answer.

13 A. At the time when I brought it up at her  
14 debriefing she said if that's true that's  
15 something that typically should be reported. I  
16 can't say that was her exact words that she said  
17 but, yes, she said something about sending it in  
18 if that's what happened.

19 Q. Are you aware that there was another  
20 resident who had sent in a complaint within  
21 minutes of you also sending in your complaint? A  
22 Dr. Muncie?

23 A. No, sir.

24 Q. Had you talked to Dr. Muncie at all that  
25 day about Dr. Papin on January 3?

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1           A.    No, sir.

2           Q.    Okay. At the end of --

3           A.    Can I correct myself?

4           Q.    Yes.

5           A.    If I was reached out to I do not  
6 remember but however, I do not -- if someone  
7 contacted me about saying something I do not  
8 remember them doing that. I note -- but I can say  
9 I was not coerced into it.

10          Q.    Right. And I'm not saying that you were  
11 coerced in it, but I'm just looking to see if was  
12 there -- if you recall whether there was an effort  
13 on that day to sort of end up, you know --

14          A.    Yes, no, I just don't -- if there was I  
15 don't remember it. I just don't want to lie and  
16 then you find some message saying -- about what we  
17 talked about. Yeah.

18          Q.    No, no, you've been very truthful and  
19 honest so far and I appreciate that. And I'm not  
20 trying to, like, catch you in any kind of thing.

21          A.    Right, and I'm just trying to make sure  
22 I clarify.

23          Q.    Sure, I appreciate that.

24                Okay. So at the end of the e-mail its  
25 seemed like -- you said, it seems like he didn't

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1 really care about whether patients were actually  
2 being taken care of or not. What made you form  
3 that opinion?

4 A. By the time -- when I would go see  
5 patients in the morning and then when I'm supposed  
6 to preround with Joe, and that would be the time I  
7 couldn't find him, and then we'd formally round  
8 and he'd report on them and I would see the  
9 patient afterwards because as medical students we  
10 only had a few patients, so we were told to  
11 repeatedly see them throughout the day. And they  
12 would say, I haven't spoken to that doctor. And  
13 after the, you know, by the third or fourth  
14 patient it really broke my heart that that was the  
15 case because --

16 Q. Is it common for patients not to know  
17 who saw them or to forget things like --

18 A. I mean, I think it's reasonable for them  
19 to forget details but someone that I've seen four  
20 times that day I just felt like it was a  
21 reasonable thing to remember.

22 Q. Right, but in the hospitals that --  
23 there's sort of an influx of people always coming  
24 into the patient's rooms, correct, especially in  
25 the, you know, to take vitals, to ask some

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1 questions, they're waking them up throughout the  
2 night, isn't that the normal course of business?

3 A. Yes, sir.

4 Q. And especially during the preround time  
5 period when you would have been -- or Dr. Papin  
6 would have been doing prerounds or you would have  
7 been doing prerounds on patients, that would have  
8 been that 5:00-6:00 in the morning?

9 A. So when I saw them it was typically  
10 around 5:00 a.m., 6:00 a.m.

11 Q. Okay.

12 A. That was my own rounding, you know,  
13 because we -- when I say prerounds, medical  
14 students also do their own form of prerounds prior  
15 to actual prerounds where you see them -- where  
16 the medical students see them with the set  
17 resident before formal attending rounds. So I  
18 would see them maybe around 5:00 a.m., 6:00 a.m.  
19 At that time they would be sleeping, but then  
20 typically I would see them with the resident to  
21 formulate my presentation prior to formal rounds  
22 around 9:00, 8:00 or 9:00.

23 Q. Okay. So is it possible that Dr. Papin  
24 could have been seeing some of these folks and  
25 they were just kind of waking up or like half

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1 asleep and not remembered or not been able to  
2 distinguish between a male nurse or a doctor or,  
3 you know, there's a million different  
4 possibilities wouldn't that be true?

5 A. It's possible.

6 Q. And you said at the end here, I don't  
7 say this to ruin someone's career, I say this out  
8 of conviction for the sake of patients.

9 So would it be -- and just based on --  
10 and I'm not asking you -- but based on your  
11 formal, you know, just kind of you're a resident  
12 and you know how if someone is terminated from a  
13 residency program they're pretty much done,  
14 correct?

15 MR. WHITFIELD: Object to the form.

16 Q. (By Mr. Schmitz) You can answer if you  
17 can.

18 A. I don't know. I mean, I've seen people  
19 not do well in a particular residency and start  
20 over but, you know, I don't know the logistics of  
21 all that.

22 Q. But if someone is terminated for not  
23 academic reasons, if someone is terminated for  
24 other reasons, is it very typical based upon your  
25 knowledge of residency programs and matching and

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1 all that for that resident to potentially match  
2 into another program?

3 MR. WHITFIELD: Object to the form.

4 THE WITNESS: I don't know to be honest.

5 Q. (By Mr. Schmitz) Have you had any friends  
6 or colleagues that have -- other than Dr. Papin,  
7 that have had to leave a resident -- been terminated  
8 out of a residency program that have landed in other  
9 residency programs somewhere else afterwards?

10 A. I know one person but I don't know the  
11 exact logistics of everything so I don't know if I  
12 can exactly comment yes or no.

13 Q. That's fair. That person was  
14 terminated, the one that you're thinking of?

15 A. Yes.

16 Q. And they're at a different residency  
17 program now somewhere else?

18 A. Yes, sir.

19 Q. Do you know why that person was  
20 terminated?

21 A. My understanding at the time was that  
22 they just couldn't withhold the responsibilities  
23 expected of them and they just said, okay, and  
24 they tried again.

25 Q. Did they try in a different maybe lower

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1 level type of program, you know, like, they were  
2 in surgery and then they just went down to like  
3 family medicine or something after that, something  
4 that might be a little easier?

5 A. I don't know if you -- I don't know. I  
6 don't if it would be considered the same playing  
7 field or not.

8 Q. Surgery --

9 A. I don't know.

10 Q. In the spectrum of residency programs,  
11 general surgery residencies are typically some of  
12 the most competitive and difficult residency  
13 programs to go through, correct?

14 A. I know that they're -- I think all  
15 residencies are difficult programs, but I think  
16 surgery is among sort of the middle of the pack of  
17 residencies kind of like any other -- I'm not  
18 quite sure it's --

19 Q. Sure.

20 A. -- but, I know that it -- I don't know  
21 it to be like dermatology or plastic surgery --  
22 integrated plastics, which are known to be very,  
23 very competitive.

24 Q. Okay. Yeah, I just -- I'm just asking  
25 your opinion.



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1           A.    Yeah. And to be honest, I really  
2   don't -- I'm not sure.

3           Q.    Okay. Fair enough. Do you recall  
4   testifying back at Dr. Papin's appeal hearing?

5           A.    Yes, sir.

6           Q.    And do you recall testifying that there  
7   was a female medical student that Dr. Papin had  
8   made uncomfortable?

9           A.    So my understanding of that whole event,  
10   Dr. Papin never did anything inappropriate, he  
11   never made any sort of inappropriate gestures  
12   towards her. I think the female medical student  
13   mentioned somewhere -- I didn't even have it --  
14   she mentioned somewhere that she was uncomfortable  
15   around him I think maybe as anyone could say  
16   sometimes, I went on a date with this person and I  
17   didn't feel comfortable. I feel that Dr. Papin  
18   never did anything inappropriate or disrespectful  
19   towards that medical student.

20          Q.    Okay. You recall testifying -- when  
21   did -- who was this -- do you recall the female  
22   medical student's name?

23          A.    Yes.

24          Q.    What's her name?

25                THE WITNESS: Do I have to say it?

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1 MR. WHITFIELD: Yes, you have to answer.

2 THE WITNESS: Jessica Arnold.

3 Q. (By Mr. Schmitz) Say that -- Jessica  
4 Arnold, is that what you said?

5 A. Yes, sir.

6 Q. And when did Ms. Arnold come and tell  
7 you that Joe was making her feel a little bit  
8 uncomfortable?

9 A. She did not specifically come to me  
10 about this. This was something I think she  
11 discussed in her debriefing. I think it was on --  
12 my understanding, meant to be -- it's not  
13 something to made a deal of. I don't know that it  
14 was a direct intention towards Dr. Papin's  
15 character by any means.

16 Q. Okay. And when you said during her  
17 debriefing, so she would have relayed that to --

18 A. No, she said it privately.

19 Q. Just to you kind of in passing?

20 A. Just to me. My understanding -- I'm not  
21 sure of the details. I think she discussed it  
22 with another resident privily.

23 Q. Okay. So another resident had told you  
24 that she had discussed that with them privately?

25 A. I think. I do not recall the exact way

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1 I heard about it but it is something where it was  
2 to meant to be in passing conversation where they  
3 were just confiding, not something to be reported.

4 Q. Sure. And she didn't actually have a  
5 direct conversation with you about this ever?

6 A. No, sir.

7 Q. Okay. How did Dr. Earl in the appeals  
8 hearing come to know about that? Did they ask you  
9 about that?

10 A. They asked me about it. I don't know  
11 how he knows about it.

12 Q. Okay. You're not aware of whether she  
13 had actually ever sent an e-mail or complained  
14 about it?

15 A. No, I have no knowledge of that.

16 Q. Okay. And based on your testimony, you  
17 had just stated that basically that she had felt  
18 that Dr. Papin would try to do his prerounds with  
19 her over you sometimes because maybe he wanted to,  
20 you know, be friendly with her or, you know, try  
21 to flirt with her?

22 A. Yeah, maybe he was just trying to talk  
23 more with her. I'm not quite sure. Normally  
24 medical students go towards the trauma pages, that  
25 is the standard, that's what's kind of always been

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1 done and I think there were times where he wanted  
2 to go with her instead of me, which was not, you  
3 know, out of the ordinary.

4 Q. Okay. So nothing ever struck you until  
5 you had potentially heard through somebody else  
6 that she had said, like, hey, he seems to be like  
7 fond of me or something like that?

8 A. Yes, that's it.

9 Q. Did you ever actually catch Dr. Papin  
10 walking in right before rounds?

11 A. Once. Over the holidays.

12 Q. Okay. That's that one time when the  
13 other resident had mentioned that he was a little  
14 delayed because he was late getting there?

15 A. Yes, sir.

16 Q. Do you know if anyone ever investigated  
17 or confirmed the allegations regarding Dr. Papin  
18 not showing up on time to do his prerounds?

19 A. I have no knowledge of that.

20 Q. Can you think of any ways where UMMC if  
21 they had wanted to figure out whether Dr. Papin  
22 was showing up on time, any specific things that  
23 they might have easily been able to conduct such  
24 an investigation?

25 A. No, I do not.

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1 Q. Well, you're a resident now, so if you  
2 were -- let's say you had a tardiness problem,  
3 what types of measure would you think that --

4 A. They --

5 Q. UMMC like, if you're --

6 COURT REPORTER: Hold on.

7 MR. WHITFIELD: Y'all are talking over  
8 each other. Let him ask the question before  
9 you try to answer.

10 Q. (By Mr. Schmitz) Yeah. Are there certain  
11 things that you do in the morning that would create  
12 time stamped records of things that you do like  
13 swiping your parking card in, swiping to get into  
14 the lounge, stuff like that? Or when you preround  
15 on a patient and you say, okay, vitals look strong,  
16 would that create a time stamp record in the  
17 computer systems or any type of electronic system  
18 that could be independently verified?

19 A. I'm not aware of independent  
20 verification. I do know that we swipe our badges  
21 to the garage every day, but not everyone uses the  
22 garage. Some people use the front entrance. From  
23 the internal medicine side everything is resident  
24 run.

25 Q. Okay. And when a sign in/sign out is

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1 done there's some type of, okay, I'm here at 6:00  
2 a.m., and then both people sign out, and then  
3 these are your patients, good luck today, right?

4 A. There is verbal communication from the  
5 internal medicine side.

6 Q. Is there any, you know, it's -- my  
7 understanding is it's called the sign in and sign  
8 out process; is that correct?

9 A. I don't know if they do anything like  
10 that on surgery.

11 Q. Do they -- but is there some type of  
12 logbook that, like, okay, I'm Dr. Papin and I'm  
13 out and I'm now leaving and it's 602 p.m.?

14 A. I'm not aware.

15 Q. Okay. Do you do anything like that in  
16 internal medicine?

17 A. We make ourselves -- it's a recent  
18 update, we make ourselves available to be  
19 contacted through our electronic health records.

20 Q. In doing prerounds is there any kind of  
21 electronic record or things that are generated  
22 because of that?

23 A. Not that I'm aware of.

24 Q. Okay. Are you aware of if anyone ever  
25 followed up with -- is it Dr. Arnold, the female

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1     **medical student you mentioned before, did anyone**  
2     **ever follow-up or investigate those claims**  
3     **regarding her and Dr. Papin?**

4           A.     Not that I'm aware of because they felt  
5     like it was not something that was actually wrong  
6     that Joe had done.

7           Q.     Did HR ever reach out to you regarding  
8     that complaint or did anybody ever get involved?

9           A.     Do not.

10          Q.     Do you know if HR or anybody had ever  
11     reached out to Dr. Arnold?

12          A.     Do not.

13          Q.     What was her first name again, I'm  
14     sorry?

15          A.     Jessica.

16          Q.     Jessica, Jessica, okay.

17                 Did Dr. Mahoney ever share her  
18     experience with Dr. Papin regarding a patient who  
19     had a decubitus ulcer?

20          A.     Not with me.

21          Q.     Does that ring any bells at all?

22          A.     Not directly to me. I've heard that  
23     discussion, I think, one time, but nothing was  
24     ever discussed with me about it.

25          Q.     What did you hear about that discussion?

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1 MR. WHITFIELD: Hold on. I'm going to  
2 impose an objection. If it's anything that  
3 you and I discussed don't answer.

4 THE WITNESS: No. I mean, I heard  
5 discussion there's -- that patient with  
6 decubitus ulcer, that could have been a  
7 completely different patient because we often  
8 see decubitus ulcers.

9 Q. (By Mr. Schmitz) Right. Was there a  
10 specific -- any -- between -- discussions between  
11 you, Dr. Mahoney, any employees at the hospital, not  
12 Tommy, regarding Dr. Papin potentially misdiagnosing  
13 a patient with a decubitus ulcer?

14 A. No, sir.

15 Q. You're mother Karen Crews, she works at  
16 UMMC as well?

17 A. She's retired.

18 Q. She's retired. When did she retire?

19 A. 2013.

20 Q. Are you aware whether the attorney  
21 sitting next to you today, Mr. Whitfield, did he  
22 represent your mother previously in a racial  
23 discrimination case back in 2013/14 around then?

24 A. I learned that about a week ago.

25 Q. Okay. And I'm assuming you learned of



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1     that because Mr. Whitfield let you know that he  
2     had represented your mom at some point in the  
3     past?

4             A.     My mom.

5             Q.     I got you, okay.

6                     Had you ever met Mr. Whitfield back  
7     during that time when your mom's case was going  
8     on?

9             A.     No, sir.

10            Q.     You would have been in probably college  
11     back then, right?

12            A.     Yes, I didn't know anything about it  
13     until --

14            Q.     Until just a week ago?

15            A.     Yes.

16            Q.     Sorry, I'm almost done, I'm just trying  
17     to make sure I've covered everything I wanted to  
18     cover with you.

19                     All right. If you'd give me two minutes  
20     and I'll be right back and then we'll -- we're  
21     probably done.

22                     MR. WHITFIELD: All right.

23                     (A brief recess was taken.)

24                     MR. SCHMITZ: Okay. I have no further  
25     questions. So just wanted to -- you have the

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1 right to review the transcript. It's called  
2 you can either read the transcript or you  
3 waive your right to read the transcript. If  
4 you believe that she's -- the court reporter  
5 Dawn has taken down everything that you  
6 stated accurately then you can agree, most  
7 people waive, but I'll leave that up to you  
8 and your counsel to decide.

9 MR. WHITFIELD: We're going to read and  
10 sign, but I've got a couple of things I just  
11 want to clear up.

12 MR. SCHMITZ: Oh, you're going to do  
13 questions?

14 MR. WHITFIELD: Just for a few minutes.

15 MR. SCHMITZ: No problem. Now, we said  
16 we were going to get out of here at 1:00  
17 Tommy, I lived up to my word and --

18 MR. WHITFIELD: I was just asking when  
19 you were going to finish, not when I was  
20 going to finish.

21 MR. SCHMITZ: I held up my end of the  
22 bargain, now you're making us longer. Come  
23 one.

24 MR. WHITFIELD: I'll tell you this, mine  
25 won't last long.

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1 MR. SCHMITZ: All right. Go ahead.

2 EXAMINATION BY MR. WHITFIELD:

3 Q. I just want to clarify, you talked about  
4 the number of rounds you do every morning. How  
5 many rounds do you as a med student --

6 A. I do my own personal what we call --  
7 it's redundant, but pre-preround and prerounds  
8 with the resident following that patient and then  
9 four more rounds with the attending.

10 Q. So you would see patients early?

11 A. Yes, sir.

12 Q. Then you would -- but you always see the  
13 patients with the resident?

14 A. That was the pattern we were supposed to  
15 follow. It was preround -- pre-preround by myself  
16 so that I could present to the resident on  
17 prerounds. And then that way we would be ready  
18 for formal rounds with the attending.

19 Q. All right. So you had what we call  
20 pre-preround by yourself, and then you would  
21 present at preround to the resident and y'all  
22 would see the patient together?

23 A. Yes, sir.

24 Q. And then you would have formal rounds  
25 with the rest of the team and the attending?

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1 A. Yes, sir.

2 Q. And when you would go to formal rounds I  
3 believe your testimony is that Dr. Papin would  
4 talk about patients that y'all had not seen  
5 together?

6 MR. SCHMITZ: Objection to form.

7 Q. (By Mr. Whitfield) You can answer?

8 A. Yes, sir.

9 Q. And why did you believe he was not  
10 seeing those patients?

11 A. So kind of what I talked about earlier,  
12 I would, you know, refer back to what the patient  
13 said, you know, Dr. Papin might have discussed  
14 this with you when he came and saw you, because it  
15 seemed like he would present -- on full rounds  
16 since we didn't seem them together, he would just  
17 present when I would normally present as we had  
18 saw them together, and they would say I never saw  
19 this doctor this morning. And I thought maybe,  
20 oh, maybe I'm just wrong, but by the fourth  
21 patient that's when I felt like he wasn't being  
22 truthful.

23 Q. Is there any doubt in your mind that he  
24 wasn't being truthful about seeing these patients?

25 MR. SCHMITZ: Objection, form.

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1 Q. (By Mr. Whitfield) You can answer.

2 A. So after this happened multiple times  
3 but it hadn't happened with any of the other  
4 residents I worked with I felt he was being  
5 untruthful.

6 Q. Nothing further.

7 EXAMINATION BY MR. SCHMITZ:

8 Q. Just a couple of follow-ups to that.

9 Previously we discussed that the  
10 patients that you guys would round on or preround  
11 on were situated on multiple floors, correct?

12 A. Yes, sir.

13 Q. Okay. And so what you just testified to  
14 that you believe Dr. Papin was being untruthful  
15 about seeing certain patients, you can't be sure  
16 one way or the other that he did not see those  
17 patients, correct?

18 A. I wasn't sure if he saw them or not.  
19 Typically I would get -- when we're following  
20 certain patients we would see them together, but  
21 that was when I wouldn't be able to find Joe and  
22 he would have seen them -- he would have told me  
23 he would have seen them by himself and we would  
24 start rounds. But then when I would go to  
25 follow-up on the patients that I was following

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1 later on the patients would not acknowledge the  
2 fact that they saw Joe.

3 Q. Do you know how it would be possible for  
4 Joe to report or give reports on patients that he  
5 would not have seen?

6 A. By just reporting data that was obtained  
7 prior to seeing -- from the computer I guess.

8 Q. Explain.

9 A. Meaning the standard of preround is  
10 obtain information, like vitals, labs, and you  
11 see -- then the report of how they're doing that  
12 day is what you get from your physical exam and  
13 rapport with them that morning when you go see  
14 them.

15 Q. Okay. Is that the only thing the  
16 attendings would ask you or ask of Joe when he was  
17 on formal rounds with -- when you were all  
18 together?

19 A. They ask for the subjective data, which  
20 is what the patient said and how they felt that  
21 morning. They would ask for objective data, which  
22 is the stuff you obtain from the chart prior to  
23 going to see the patient, and they'd ask about how  
24 that data that you obtained that morning  
25 subjectively with the new objective data that you

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1 obtained, changed your assessment and plan for the  
2 day.

3 Q. So it's your belief that Joe was  
4 reporting subjective data that he was just making  
5 up?

6 A. That's what it seemed like to me.

7 Q. Such as what? Like what would he say?

8 A. Patient doing fine. Patient or  
9 patients -- I can't exactly remember. I just  
10 remember that when I would try to follow up  
11 saying -- discussing the plan with the patient,  
12 which we normally discuss with the patients, that  
13 the patient would say that I never saw that  
14 doctor.

15 Q. Was there ever a time when a patient  
16 said -- or when Joe said a patient said he was  
17 doing fine and then you went in right afterwards  
18 and the patient was, like, I'm having the worst  
19 day of my life or I'm not doing well at all?

20 A. I don't remember.

21 Q. Okay. So you don't recall any instances  
22 where a patient -- he reported something about a  
23 patient and then a patient -- other than the  
24 patient not remembering seeing him, were there any  
25 other instances where he reported data or reported

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1 something which a patient, you know, contradicted  
2 shortly thereafter?

3 A. I do not recall.

4 Q. I don't have anything further.

5 MR. WHITFIELD: All right.

6 COURT REPORTER: Do you need a copy of  
7 the transcript?

8 MR. WHITFIELD: I do, and we'd like to  
9 read and sign.

10 (Deposition concluded at 12:10 p.m.)

11 SIGNATURE/NOT WAIVED

12

13 ORIGINAL: GREGORY SCHMITZ, ESQ.  
14 COPY: TOMMY WHITFIELD, ESQ.

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November 20, 2020

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1 CERTIFICATE OF DEPONENT

2 DEPONENT: WILLIAM CREWS  
DATE: November 20, 2020  
3 CASE STYLE: JOSEPH PAPIN vs. UNIVERSITY OF  
MISSISSIPPI MEDICAL CENTER; et al  
4 ORIGINAL TO: Gregory Schmitz, ESQ.

5 I, the above-named deponent in the  
deposition taken in the herein styled and numbered  
6 cause, certify that I have examined the deposition  
taken on the date above as to the correctness  
7 thereof, and that after reading said pages, I find  
them to contain a full and true transcript of the  
testimony as given by me.

8 Subject to those corrections listed  
below, if any, I find the transcript to be the  
9 correct testimony I gave at the aforestated time  
and place.

10	Page	Line	Comments
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____

18 This the \_\_\_\_ day of \_\_\_\_\_, 2020.

19 \_\_\_\_\_  
WILLIAM CREWS

20 State of Mississippi  
21 County of \_\_\_\_\_

22 Subscribed and sworn to before me, this the  
\_\_\_\_ day of \_\_\_\_\_, 2020.

23 My Commission Expires:

24 \_\_\_\_\_

25 Notary Public

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CERTIFICATE OF COURT REPORTER

I, Dawn Dillard, Court Reporter and  
Notary Public, in and for the State of  
Mississippi, hereby certify that the foregoing  
contains a true and correct transcript of the  
testimony of WILLIAM CREWS, as taken by me in the  
aforementioned matter at the time and place  
heretofore stated, as taken by stenotype and later  
reduced to typewritten form under my supervision  
by means of computer-aided transcription.

I further certify that under the  
authority vested in me by the State of Mississippi  
that the witness was placed under oath by me to  
truthfully answer all questions in the matter.

I further certify that, to the best of  
my knowledge, I am not in the employ of or related  
to any party in this matter and have no interest,  
monetary or otherwise, in the final outcome of  
this matter.

Witness my signature and seal this the  
13th day of December, 2020.

*Dawn Dillard*  
DAWN DILLARD, #1763  
CCR

My Commission Expires:  
March 2, 2021

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